

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90242 017 ***150.00

DOCUMENT # M98529

1. Entity Name
PPI ISLAND CLUB INC.



Principal Place of Business
6105 GALLEON WAY
TAMPA, FL 33615

Mailing Address
6105 GALLEON WAY
TAMPA, FL 33615

2. Principal Place of Business
4702 Bay Crest Dr.
Suite, Apt. #, etc.

3. Mailing Address
4702 Bay Crest Dr.
Suite, Apt. #, etc.



04252004 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-2819563

Applied For
Not Applicable

Zip
33615

Country
USA

Zip
33615

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, RALPH
6105 GALLEON WAY
TAMPA, FL 33615

Name
Thomas Mick
Street Address (P.O. Box Number is Not Acceptable)
4702 Bay Crest Dr.

City Tampa FL Zip Code 33615

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas Mick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/26/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PV
NAME MANN, RALPH W.
STREET ADDRESS 6105 GALLEON WAY
CITY-ST-ZIP TAMPA, FL 33615 ☒ Delete

TITLE T
NAME MICK, THOMAS
STREET ADDRESS 4702 BAY CREST DR
CITY-ST-ZIP TAMPA, FL 33615 ☐ Delete

TITLE S
NAME OVERSTREET, GARY
STREET ADDRESS 14623 LAKE FOREST DR
CITY-ST-ZIP LUTZ, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE Pres. & Treas.
NAME Mick, Thomas
STREET ADDRESS 4702 Bay Crest Dr.
CITY-ST-ZIP Tampa, FL 33615 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE V.P.
NAME Hollis, Martin
STREET ADDRESS 1116 Shadowbrook Trail
CITY-ST-ZIP Winter Springs, FL 32708 ☐ Change ☒ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Mick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

(813) 249-6425

Daytime Phone #